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CONFIRMATION NO. 1705

<b>SERIAL NUMBER</b> 10/822,235	<b>FILING OR 371(c) DATE</b> 04/09/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> BSZ-049
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**APPLICANTS**  
 Susan Gould-Fogerite, Annandale, NJ;  
 Raphael J. Mannino, Annandale, NJ;  
 Patrick Ahl, Princeton, NJ;  
 Gaofeng Shang, Livingston, NJ;  
 Zi Wei Chen, Newark, NJ;  
 Sara L. Krause-Elsmore, Kearny, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/461,483 04/09/2003 and claims benefit of 60/463,076 04/15/2003  
 and claims benefit of 60/502,557 09/11/2003  
 and claims benefit of 60/499,247 08/28/2003  
 and claims benefit of 60/532,755 12/24/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 None

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 06/21/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 8
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**ADDRESS**  
00959

**TITLE**  
Cochleate compositions directed against expression of proteins

<b>FILING FEE RECEIVED</b> 2104	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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